



Alternative Therapy Notice of Patient Privacy

Health Insurance Privacy and Accountability Act (HIPAA)

Alternative Therapy is dedicated to preserving your personal health information. We are required by law to protect your personal medical information and to provide you with a notice describing how your medical information may be used and disclosed as well as how you can access that information. Required by law: We must have your written consent before we use or disclose to others your medical information for purposes of providing or arranging for your health care, the payment for or reimbursement of that care which we provide to you and the related administrative activities supporting your treatment. We may be required by law to use and disclose your medical information for other purposes without your consent or authorization.

By law you are provided the right: To inspect and receive a copy of your medical information which we maintain, to amend or correct that information, to obtain an accounting of or disclosures of your medical information, to request that we communicate with you confidentially, to request that we restrict certain uses and disclosures of your health information, and to complain if you think your rights have been violated. We have available a detailed HIPAA policies and procedures which fully explains your rights and our obligations under the law. We may revise our policies and procedures from time to time.

You have the right to receive a copy of our most current policies and procedures. If you wish a copy of our current notice, please ask for one when you check out.

If you have any questions, concerns or complaints about our policies and procedures or your medical information, please contact Alternative Therapy (941)727-1500.

I, _____ have read a copy of Alternative Therapy's Notice of Privacy Practices. I hereby give Alternative Therapy my consent for treatment.

Patient signature (parent or guardian if minor)

Date